The Bulletin
OF THE
South Indian Medical Union.

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(1) Publicity Section—51, Poonamallee Road, Kilpauk, Madras.

(2) General Section—100, Poonamallee Road, Vepery, Madras.

Programme.

FEBRUARY 1931.

Meetings held at 32, Broadway.

Monday 2nd, 4-30 p.m.

SOCIAL

To meet Dr. Krishna Menon

at Khushaldoss Gardens.

Monday 9th, 6-30 p.m.

DIAGNOSIS AND TREATMENT OF COMMON RECTAL CONDITIONS

BY

Dr. P. Govinda Rao, M.B , B.S.

Monday 16th, 6-30 p.m.

GOVERNING BODY MEETING.

Monday 23rd, 6-30 p.m.

ULTRAVIOLET RAYS

BY

Dr. R. C. Sudarsanam.

Members of the Union may exhibit any interesting case for demonstration at the meetings.

* *

All members of the Medical profession and medical students are cordially invited.

South Indian Medical Union, Madras.

BULLETIN

OF THE

SOUTH INDIAN MEDICAL UNION

JANUARY 1931.

What the South Indian Medical Union works for.

HOWEVER inspiring and exhilarating political controversy is, the companionship of men and women, who, oblivious to all political differences, are together pursuing the common good, is a companionship above riches. You have your judgment on what is the best way to do a thing; I have mine; somebody else has his. The great thing is not to let our whole life swallowed up in controversy, and more particularly not to let our affections be swallowed up in these quarrels, but to see above them all a great, a dignified and a national common end which, when properly pursued, all subserve.

RAMSAY MACDONALD,

Premier, Great Britain.

PROF. ROBERT KOCH.

FOREWORD.

The Bulletin has gone through the first year of its existence—a year which has been one of probation for us. We started with great diffidence and hesitancy. For lack of facilities for interchange of views, the Independent Medical Profession, was in a disorganised state. Its rightful spheres of acitivity were being encroached upon and its existence as an important part of the body politic was being threatened by vested interests. And as the Union firmly believed that sufficient and effective medical relief to the country was impossible without the existence of a healthy and strong *independent* profession, it was felt that an official organ was necessary to undertake successfully the task of educating the Profession, the Public and the State. It was in these circumstances that some of us derived the necessary courage to assume the responsibility however unequal to the task we might have felt. Those of us who have been responsible for the Bulletin are fully aware of its many shortcomings. But for the kindness and indulgence of our readers we could not have carried on. We therefore take this opportunity of thanking the increasing number of members of the Union, the Profession at large and the Public for the generous measure of their encouragement. They have overlooked our defects, but appreciated the few good points there might have been.

The Bulletin was started with the object of educating the independent profession on its opportunities in the field of medical relief and research. We desire to end the various evils in the medical department of the Province, to draw the attention of the Public to the need for expansion of measures of medical relief to the rural areas, and to bring in and maintain a high standard of medical education in the country. We have just attempted to touch on these during the last year. We propose to deal with these matters in greater detail in future.

We see at present signs of activities in the medical department on lines suggested in the Bulletin. It is not for us to say whether, and in what measure, we have been responsible for these welcome activities.

We are told that the presence of the Bulletin has spurred some associations to shake off their somnolence and that they are devising methods to let the public know that they are yet alive. If this were true, we would feel happy. It has been one of the objects of the Bulletin to activate the profession in Madras as a body. We sincerely hope that these resuscitated associations would bear in mind that the Profession is meant for the Public and that any corporate body which forgets the true interests of the suffering Public, but concentrates its efforts on consolidating the position of its members and on improving their prospects at the expense of the larger interests of the country, is not worthy of the profession whose nobility we cry from house-tops at the slightest provocation.

We are indeed happy that within the short period of its existence, some of the ideals of the Bulletin are already finding a welcome in various quarters. We humbly pray that in our future career, we would have the wisdom to give word to only such ideas as may be generally approved of by the Public and usefully copied by others.

Our readers and well-wishers would be pleased to know that after the first few months, the Bulletin has been almost paying itself, and that its financial stability is assured for the future. This result is entirely due to the President and the few members in charge of the publicity section of the Union who have shouldered a good deal of trouble and have ungrudgingly given much of their busy time. The Bulletin is greatly beholden to them.

Several readers have sent us various suggestions for improving the Bulletin. While we readily appreciate the need

for some of them, we have not been in a position to rectify the defects at once. But our members are now coming forward in increasing numbers to actively help in the conduct of the Bulletin. And as the financial stability is also assured, we hope to improve and increase the usefulness of the Bulletin in the coming months.

We are gratified to find, as a result of the Bulletin, a better feeling of comradeship in the Independent Profession in the city and in the mofussil, and a desire for healthy co-operation from the profession as a whole.

We thank our readers once again for the encouragement and indulgence they have shown us. We hope to repay their kindness with increasing service in the future.

General Notes.

NEW YEAR HONOURS.

If we may be permitted to pat ourselves on the back it is a matter of great gratification to us that the only member of the Medical profession to receive an honour in the last honour's list happens to be a member of the Union and one who for over two years has been the General Secretary of the Union. His stewardship has earned the highest encomiums from the Union.

* * *

We offer our hearty congratulations to Dr. Krishna Menon on the Kaiseri-i-Hind medal conferred on him. As the Honorary Physician in the General Hospital, Secretary of the Medical Education Committee, Member of the Selection Board for medical recruitment and as the Secretary of the Union, his activities in the interests of the Profession have been manifold and the distinction is more than deserved.

RURAL MEDICAL CONFERENCE.

The Rural Medical Practitioners of the Presidency met in Conference in Madras on the 31st December. The addresses of both the Provincial Secretary and the President are well worth reading and deserve careful consideration. We do know that it is far from their thoughts, but the trend of the discussion at the Conference is likely to create an impression that some, at least, of the Rural Practitioners forget that they are of the Independent Medical Profession and desire to convert the scheme into a "fourth" service.

* * *

This attitude is not surprising as, under existing conditions, Services have been given a higher standing both by the Government and the quasi-Government authorities. The attitude of the Presidents of some of the Taluk Boards also encourage this view.

* * *

The address of the President, Dr. M. A. Krishnamurthi Iyer, is of a different tenor. Full of valuable advice and friendly suggestions, he has done well in reminding them of their place in the ranks of the Independent Medical Profession and warning them from "selling their souls for a mess of pottage."

* * *

The resolutions passed at the Conference (printed elsewhere) deserve every consideration and sympathy. We invite the attention of all interested in medical relief in the country to these resolutions. We hope to deal with them in detail later.

CO-EDUCATION.

We are happy to note that the ban on the admission of lady students into the mens' colleges in London is being lifted. All sorts of frivolous arguments were trotted out against co-education. We understand that there is a move here to open a Womens' Medical College. Except of being helpful to a

few lady doctors, who would get some teaching appointments, this move is hardly conducive to the advancement of medical education. Duplication of establishment and equipment and larger sums of money sunk in brick and mortar would be all that would result in such a policy. The Bombay ladies have definitely set their face against this intellectual purdah. What does Madras say?

* * *

INDIGENOUS MEDICINE.

There is a belief among the Public and this is assiduously fostered by interested parties that one of the disadvantages of allopathic medicine is its high cost. Under old conditions where indigenous medicines were prepared in one's house and no proper accounting of cost was maintained it might have been so. But when these are prepared under commercial conditions it is found that indigenous medicine is not in any way cheaper than the allopathic ones. We are glad that this illusion has been dispelled by Diwan Bahadur Munuswami Naidu, the Chief Minister, in his address at the opening of the Choolai Sidha Dispensary.

General Medical Service.

In a previous issue of the Bulletin, while discussing the problem of medical relief in Madras, we stated that in most countries, the *independent* profession took the lead in ministering to the needs of the sick populations. We have since received from some of our readers letters drawing our attention to the fact that there are suggestions in England to organise a *state* General Medical Service. They desire to know whether we are justified in advising the introduction in this country of ideas and measures which are being discarded in England. The Local Service Organ even expresses a certain pride and delight that England is just thinking of measures, which have long been the characteristic of this country. The cynic might think of the famous "fur coat" argument. But the earnestness of our readers demands a serious attempt on our part to argue our case. None so, since we find a regrettable self-complacency in quarters where one would ordinarily expect a better appreciation of the varying needs of different countries.

We urgently require for our country a large number of well educated that would be a service whose members would be expected to render free medical aid to the population in return for a fixed fee paid by the government. It would not be a service whose members could have the benefit of a generous pay from the State as well as unlimited fees from private practice. It would be a full time service with fixed pay or a part-time work with proportionate remuneration. It would not certainly be a part-time service with more than full-time emoluments as is common in this country.

This idea of a state-paid medical service has emanated from the politicians and not from the profession. In medical men who could efficiently help the increasing number of the sick population, specially in the rural areas which are at present, almost totally neglected. None of our readers would deny this. How are we going to secure this large number of medical men? If the men are to be trained up to a reasonable level of efficiency, a great deal of money would be required. Admittedly the money is not available, and still less to engage them all in a paid service. As there is no prospect of the country suddenly coming into luck to enable it to have the luxury of a fully paid general medical service, it is profitless to compare it with what obtains elsewhere.

When we come to see the methods adopted by other countries, nowhere do

we see anything like the paid medical service in this country. It is true that we hear of suggestions for a general medical service in England. But this new leaning is not from a lack of appreciation of the merits of the independent profession. It is primarily due to the inadequacy of the non-government voluntary hospitals to accommodate more of the lower middle and labour classes of the population. As socialism advances in a country we are certain to hear more and more of the demand for a state-paid medical service. But fact, the profession in England is generally opposed to this suggestion. It values its independence too highly to be misled into a career of ease loving red-tape. We do not deny that there are some in the profession, a few of them even eminent, who are strong supporters of this new idea. They do so because, they are not satisfied with the present state-subsidised panel service. They feel that the patients go without the necessary advice and help of the specialists and consultants. They feel that the panel practitioners have to work under irksome restrictions and that they are not able to give their patients the benefit of a senior consultation when they feel the necessity. To obviate these defects of the Health Insurance Panels, they ask for a state-paid service whereby they hope to give the panel practitioners the benefit of consultation with seniors and specialists at state expense. This has absolutely no likeness to the state-paid service which obtains here.

The general practitioner or the family physician has been the back bone of the profession in all countries. Though the consultants and the present day specialists are generally the most eminent in the profession and their advice and guidance are freely availed of by the practitioner and the public, it is the family physician who is intimate with his patients. He alone possesses their confidence. He gains this position by dint of his alertness, hard work, ability and sympathy. He realises from the beginning that his career is cast with the well-being of his patients, and he strives to maintain it. He gains his living, achieves a status and succeeds in keeping his soul. But let him be yoked in *service* and assured of a living he will do his allotted task, he may even bring his conscience to bear on it; but his thoughts are set not in front of him among his patients, but behind him at the little coterie of officials who have the ordering of his career. And often is a soul thus lost!

Much of the original work in medicine has been accomplished by men who worked hard among their patients unfettered by official codes and regulations. On the other hand, the original contributions have been very few from men who have chosen a career in one of the services with the security of pay and pension. There is a vast field for research in our country. There are many mysteries of disease to be unravelled. We require men with energy, workers with ideas and initiative who would be free to follow their investigations without the hindrance of official documents and instructions. We could obtain these men only by bringing up a virile independent profession whose members should be encouraged to get on the staff of the various state hospitals and schools in increasing numbers.

Every one talks of the increasing ravages of tuberculosis, every one pretends to be overcome by the appalling mortality from malaria and fervent effects ending with long winded perorations are made from public platforms for an army of trained workers, medical men, and a net-work of special institutes and hospitals for these and similar diseases. But these conditions cannot come in as long as nearly 50 per cent of the expenditure of the medical department goes towards the salaries of the medical staff. They cannot wish

well of the country who, in these circumstances, plead for enlarging the system of a paid medical service. It was a happy inspiration of the Government that they introduced the honorary and the rural schemes. During the seven years of its existence, wind-tossed and weather beaten, and in spite of the brackish waters, the saplings promise to take root and grow. To enlarge the paid services at present would be to ring the young plants with a lavishly tended cactus bush.

Medical Relief: Whether Through "Services" or "Honorary Officers".*

Now as regards "Medical relief"; till recently and even now, medical relief is largely organised on the basis of medical services, the Indian Medical Service and the Provincial Medical Service and the Subordinate Medical Service. In most problems dealing with medical relief, the question of "services" takes a predominant share. In other countries, medical relief is carried out by voluntary agencies. Certain sections of medical work can only be done through the help of services, public health for example, but so far as the giving of Medical relief to the general populace is concerned I maintain it should be, to an increasing extent, in the hands of the members of the independent medical profession. In a profession like the medical it is absurd to have vested interests; but unfortunately owing to the policy followed for generations such interests are being claimed by the services and are being recognised. It should not be understood that I desire even to suggest that those gentlemen who have got such vested interests, whether they are Indian or European Officers, should be asked to clear out at once. We should try to see that the members of the independent profession are associated with medical relief to a greater and greater extent every year, so that in the course of less than one generation medical relief in Hospitals for the poor will be afforded through Honorary Medical Officers only, exceptions being made of course in the case of the Resident Medical Staff. We have at the present moment in all district towns large civil hospitals. I see no reason why these institutions should continue under the charge of the Civil Surgeons. In England large hospitals are under the charge of local councils. The senior staff of these hospitals consists of some of the ablest practitioners resident in the district who carry out their work with the help of the resident medical officers who are comparatively junior men and are recruited to these posts every year or so. By this arrangement a continuity of young men is available to work in these county council or district hospitals from whom later on the Honorary and the Senior staff could be chosen. If such a policy is used to an increasing extent in India, it will be found that a large part of the cost of the medical budget, *viz.*, the salaries of Civil and Assistant Surgeons would be saved for utilization in expanding medical relief in the country. Funds will thus be set free to facilitate the increase of rural medical relief by giving assistance to private practitioners who may settle down in the distant and outlying parts of the country where medical relief is at present almost non-existent.

Medical Education.*

The second question I would like to place before you is with reference to the development of medical education. Our efforts are being concentrated on it for some years but great leeway still remains to be made. Medical science is rapidly advancing. Former empirical methods are now giving place to more and more scientific methods. Every branch of medicine has vastly developed since the beginning of this century. The various

sub-branches of the medical science have developed so largely that it is impossible for the average medical teacher now to keep abreast of these improvements. This would indicate that if we want to have a teacher of eminence in any particular subject, he has to be a real specialist and not a Jack-of-all-trades as has often been the case not only in the past but even now in various medical colleges under Government control. One can find no words strong enough to condemn a policy of making such appointments. The continued appointments of members of the Medical Services on the teaching posts, whether they knew the work of the particular subject or not and the changing of such staff from one subject to another is nothing short of prostituting medical education in this country in the interest of the members of the Medical Services. There are certain subjects which we must regard as technical subjects, such as Anatomy, Physiology, Pharmacology, Pathology, Bacteriology, Biochemistry, etc., subjects in which in would be necessary to have experts to teach the students. These teachers ought really to be full-time officers and should not be allowed to have any private practice of any kind. In regard to the teaching in Clinical subjects, there may be some difference of opinion. Some would say that Full-time Professors are desirable for instruction in clinical subjects also while others would recommend an entirely honorary system of appointment for this work. Personally, I think the solution lies in a happy combination of both. There should be at least one Full-time Professor debarred from private practice associated with several honorary members for instruction in each clinical subject. Hospitals which cater for a large number of students ought to have three or four or more Honorary Physicians and Honorary Surgeons, etc., who with one Full-time Professor in each subject, instead of having two or three highly paid Professors as is the case at present in some Government Medical Institutions. Such an arrangement will be not only economical but will give a greater variety in teaching. A large number of teachers will thus be available so that the number of students, per each teacher would be smaller than at present. You will admit that it is impossible to manage with more than ten to fifteen students in each batch. Clinical instruction can thus be better imparted with the help of a large honorary staff in our institutions. I am fortunately connected with one institution where the honorary system has been developed. And I may say here that this honorary system has on the whole worked admirably at our place and although there are a number of defects and deficiencies, as are bound to be in such a system to a certain extent, they do not affect the success of the system as a whole.

* Extract from Dr. Jivraj Mehta's address before the Indian Medical Association.

Medical aid for the Masses.

What is the difference between a rural dispensary maintained at the public cost and a subsidised medical practitioner working in a village? The question is prompted by the speeches delivered by Dr. S. Ramasubbu and Dr. M. S. Krishnamurthy Iyer at the opening of the annual conference of the Madras Provincial Rural Medical Practitioners' Association. Dr. Krishnamurthy is anxious to see the rural practitioner develop into the accepted family physician of the people within his care and holds, not without justification, that "the opening of dispensaries by the State out of public funds is objectionable and prejudicial to the interests of the private practitioners who are now induced to settle down in villages. He would, therefore, make the unit of

State Medical relief—in which he doubtless includes all forms of publicly maintained medical relief—the hospital, and considers that the treatment of out-patient should be left solely to private practitioners. And if it really be the purpose of the Government to induce an increasing number of qualified medical men to settle in rural areas, Dr. Krishnamurthy's method would go far to secure the fulfilment of that purpose. No private practitioner, who charges for his services, can compete with the free public dispensary.

We presume, however, that in asking for the elimination of what may be deemed unfair competition Dr. Krishnamurthy is prepared, if this be granted, to abandon all agitation for an increase in the subsidy paid by Government to such rural practitioners. The latter cannot expect to enjoy a favoured position and be paid higher rates for enjoying it. Yet Dr. Ramasubbu devoted a considerable portion of his speech to an argument for the enhancement of the subsidy paid by the Government, and in his concluding paragraph hinted that such enhancement may be conceded. Without presuming to question the validity of his information on this point we would ask whether any substantial increase in the subsidy paid to rural medical practitioners would not necessarily be accompanied by further conditions regarding free treatment, etc., which would be tantamount to converting the practitioner's consulting room into a village dispensary maintained by the State. The average cost of maintaining those free dispensaries which Dr. Krishnamurthy finds so inimical to the practice of the village family doctor is not much higher than the figure which Dr. Ramasubbu and those who think like him consider necessary to keep the rural practitioner in the village. This being so it is obvious that those who have to pay this subsidy as well as the legislature which must approve it, will consider whether in the long run the purpose they have in view would not be better served by the opening of a dispensary in each village, thus affording opportunities of free medical relief for all.

The family doctor could not hope to succeed in establishing a practice in the face of such competition, and would, as Dr. Krishnamurthy fears, disappear. The next step to the establishment of public dispensaries, and probably the only way to end the petty tyranny and interference of local dictators, would be the establishment of a Provincial rural medical service. Many practitioners, we do not doubt, would welcome such a service, but those who favour its establishment are completely out of touch with Dr. Krishnamurthy's ideal, which to many will seem the higher. Experience of the working of the National Health Insurance system in Great Britain has shown that the *subsidised or State Medical service falls short in many respect of the old family doctor system*, and is largely lacking that intimate relationship between patient and practitioner which the family doctor system encourages. The Rural Medical Practitioners' Association would do well to give serious thought to this question, and decide which ideal it proposes to strive for the institution of a Provincial rural medical service under the control of the Government or the development of the family doctor system under the conditions which eliminate unfair competition. Its members are already aware that the two systems will not mix.

"The Madras Mail"

A Bill to amend the Madras Registration (Amendment) Act.

Bill No. of 1930.

By Dr. Syed Tajudin, L.M.P., M.L.C.,

Tanjore.

Preamble. WHEREAS it is expedient to amend the Madras Medical Registration Act IV of 1914; it is hereby enacted as follows:—

Short title. 1. This Act may be called the Madras Medical Registration Amendment Act, 1930.

2. It extends to the whole of the Presidency of Madras.

3. The following proviso shall be added at the end of Section 16 (2) of the Madras Medical Registration Act IV of 1914, hereinafter referred to as the said Act:—

"Provided that no medical practitioner shall be removed from the register on the ground of his adoption of a theory of Medicine and Surgery not in accordance with the accepted views for the time being; or of his association with a qualified practitioner of Indian Medicine such as Ayurvedic, Unani and Siddha or with a qualified Homeopath or an unregistered practitioner so long as that unregistered practitioner

(*a*) is possessed of the qualifications mentioned in the schedule and

(*b*) is not a person whose name the Council has refused to register on account of any offence or infamous conduct noted in the last paragraph of Section No. 13."

4. The following shall be added as Clause (3) to Section 16 of the said Act:

"The Council shall direct the removal of the name of any registered medical practitioner from the Medical Register, on application by the registered medical practitioner to the Council for the removal of the same."

STATEMENT OF OBJECTS AND REASONS.

Certain provisions of the Madras Medical Registration Act of 1914 are found anomalous having regard to the present policy of the Government towards the Indian systems of Medicine.

In order to remove this anomaly and to promote free professional intercourse between the qualified practitioners of both the Indian and the European systems of medicine, it is fit and necessary to make these amendments. This anomaly does not exist in the Acts obtaining in the provinces of the Punjab and the United Provinces. By this Bill, it is now sought to bring the Act in line with the present policy of Government regarding the indigenous systems of medicine and bring about closer contact with both systems of medicine, thereby conducing to the best interests of medical science as well as of the suffering humanity.

The Medical Registration Act of the United Provinces of the year 1917 contains provisions which allow, not only registered allopathic practitioners but also the followers of the indigenous systems of medicine to freely associate with the registered medical practitioners. The wording of the above amendment follows closely the wording of the Section 26, Clause (2) of the United Provinces Act of 1917. Even in the Punjab Medical Registration Act of 1916, freedom of association with qualified allopathic practitioners, though unregistered and indigenous practitioners, has been allowed.

It is also necessary to allow registered private medical practitioners the liberty to withdraw their names from the Register if they choose.

Rural Medical Practitioners' Association.

Resolutions passed at the third Provincial Conference of the Rural Medical Practitioners of the Madras Presidency held at Madras on 31st December 1930.

This Conference reiterates such of the resolutions passed at the first and second Conferences, not given effect to by the Government, and requests them to appoint a Committee to reorganise the Rural Medical Relief Scheme, as a sound and workable basis, taking into consideration all the evils of the present system inherent or otherwise, and suggests that the proposed committee might consist of :—

(1) The Surgeon-General with the Government of Madras.

(2) A senior civilian having experience of district administration.

(3) Two members of the Madras Legislative Council, preferably those who were or are Presidents of Taluk Boards.

(4) Two senior independent medical practitioners, and

(5) Two experienced rural medical practitioners to be nominated by the Provincial Rural Medical Practitioners' Association.

2. (*a*) This Conference expresses its deep sense of gratitude to the Hon'ble the Chief Minister for his concern in rural medical relief as expressed by him in his reply to the address of welcome presented to him by the Taluk Board of Tiruppur on 21st December 1930, and referred to in the welcome address of the Secretary of this Association, and also feels thankful to Major-General Sprawson, Surgeon-General with the Government of Madras, who, within a brief period of his regime, was able to point out to the Government, a few instances of grave injustice done to rural practitioners, and got the same rectified by Government,

(*b*) And resolves that a deputation consisting of the Provincial Secretary and two members of the Association, to be led by a nominee of the President of this Conference, do wait upon the Hon'ble the Chief Minister in company with the Surgeon-General, to bring to the notice of Government our grievances and suggestions, and for this purpose places once again before the Government for consideration and kind acceptance the resolutions passed at the previous two Conferences as well as the following resolutions.

3. This Conference approves the principle advocated by the President of this Conference in his Address, that the unit of medical relief by the Government be a hospital and not a dispensary, and that for the purpose of effectively popularising scientific methods of treatment, the rural medical practitioner should be more liberally subsidised than at present, and for this purpose reiterates the principle contained in the first resolution of the first Conference and suggests the following modified resolution for the kind acceptance of Government.

" This Association of the Provincial Rural Medical Practitioners suggests to Government that as no uniformity prevails in the maintenance and administration of the rural dispensaries even in the same district, the district instead of the taluk be taken as the unit of administration, and independent medical men be encouraged to settle in villages by subsidising them with money grants, through a District Medical Council composed of the following :—

(1) The District Collector,

(2) The President of the District Board, and

(3) Two Independent Medical Practitioners of the district nominated by the District Rural Medical Practitioners' Association.

4. This Conference is of the considered opinion that a subsidised practitioner would have greater

incentive and chance to settle in a village if he hails from the same village, or taluk, or district, in the order mentioned as that where a dispensary is proposed to be located, and therefore requests Government to direct that natives of the place shall be given preference for the purpose of subsidies, other things being equal.

5. This Conference condemns the proposal of some of the Taluk Boards to open rural dispensaries at or near villages where medical men have already settled as private practitioners; and if however it is desired to provide for the free medical aid to the necessitous poor of the locality, this Conference requests the Government to direct that in all such cases, the first option to undertake such work on the usual terms and conditions, shall be given to the existing private practitioner, and that a new person should be brought into the place only when the former refuses to do the work.

6. This Conference desires to point out to the Government that the withdrawal of the power of appointing midwives from the rural practitioner is not conducive to the good working of the scheme, as in this case, the rural practitioner is not able to control the work of the midwife and therefore requests the Government to restore to him the power of appointing and controlling the duties of the midwife, and pay him the subsidy direct, for disbursement to the midwife in turn.

7. (*a*) This Conference requests Government to direct that each rural practitioner should be paid a minimum of Rs. 360 per year in cash, and in advance, towards cost of drugs, permitting him to purchase drugs for the use of the poor; also, that such drugs shall always remain the property of the practitioner and proportionately so to the period he had treated the poor free, if he should leave the place before the end of the year for which the advance had been given.

(*b*) This Conference also requests that in cases where the daily average attendance exceeds 30, every practitioner shall be paid a sum higher than Rs. 360 proportionate to the extra attendance.

8. This Conference brings to the notice of the Government that no uniformity prevails in giving travelling allowance and batta to rural practitioners that attend courts as witnesses, and therefore requests Government to allow to a rural practitioner a batta of Re. 1 per day, and an allowance of four annas per mile of journey by road, and second class fare by train.

9. (*a*) This Conference thanks the Government for having recommended the payment of a daily allowance of Rs. 5 to rural practitioners deputed for epidemic work and requests that a conveyance allowance of four annas per mile be given to them as they have to go in somes case even to places fifteen miles of their Headquarters.

(*b*) This Conference brings to the notice of Government that certain taluk boards deduct from such allowance, a sum equal to the daily subsidy of the practitioner and so requests Government to direct that no such deduction shall be made.

10. This Conference requests that at least one independent registered medical practitioner within the limits of taluk board area be nominated as a member of that board, to safeguard the interests of the public in matters of village sanitation, rural medical relief, child welfare, medical inspection of school children, and other allied subjects and that necessary provision be made for such nomination in the rules.

11. This Conference thanks the Editors of the 'Medical Practitioner' and other Journals, and others, who sympathise with the aspirations of the rural practitioners and help them in their progress.

BULLETIN

OF THE

SOUTH INDIAN MEDICAL UNION.

JANUARY, 1931.

Some Interesting Corneal Diseases in Practice*

By E. V. Srinivasan, M.B., C.M.,

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Eczematous Keratitis will be the first subject I will refer to this evening as it remains prominent in my mind because of its striking abundance at the present season in my practice. Instead of being vesicular as the popular name phlyctenule implies, it is a solid formation. The phlyctenule is an aggregation of leucocytes under the Bowman's membrane indicative of an endogenous rather than an exogenous origin. The number and size vary. Sometimes the whole limbus is invaded by the phlyctens making the whole conjuntiva hyperæmic obscuring the focal character of the disease. Sometimes the whole cornea becomes stippeld as if fine sand has been thrown over it. The disintegration of the corneal nodule may destroy the deep parenchyma of the cornea, in which event a permanent opacity of the cornea remains or perforations with prolapse, iritis, glaucoma or panophthalmitis may supervene with corresponding obvious impairment of vision. The manifestations of this disease are numerous. It takes the form of serpiginous ulcer, sometimes fascicular keratitis, at other times again it takes on the form of pannus but does not exhibit a prediliction for the superior quadrant of the cornea as in trachoma. It is usually thin, not very vascular and may resolve completely. Interstitial keratitis is another manifestation, when the posterior layers which are embryologically associated with uveal tract are affected. Recently I have seen it in a girl as a hypopion ulcer.

It is a common disease, common in more senses than one, for it is common amongst the common people as I see it in my new hospital experience. The age limit may be said to be 15. Anyhow it is rare after 25. Both eyes are generally affected. Adults are not altogether free owing to the general condition of malnutrition after the world war. Occurring as it does between 2 and 12 years of age mostly, the active stage of the disease prevents the child from attending school for months and years. So the havoc of this disease in children of lower classes is a tragic chapter in their lives taxing the patience of both the parents and doctor. The disease, in spite of its superficial character, is far and away the commonest cause of corneal opacities in children rendering them so crippled in sight as not to become useful citizens later. If an ordinary catarrhal ophthalmia, angular conjucitivitis or trachoma takes a phlyctenular muff it only means the infection of the respective causal organism in a scrofulous soil.

Aetiology : (1) *Staphylococcal*, because of the frequent presence of staphylococci in the phlyctenule. (2) *Intestinal intoxication* because of the frequency of intestinal derangements in phlyctenular patients and improvement of eye after treatment of same ; also indican is a constant factor in the urine of the phlyctenular patients. (3) *Tubercular*. I used to send these patients in my early practice for tuberculin treatment and I had no doubt that the benefit derived was a boon to some of them. If V. P. is negative, patient fails to react at the time of examination, being in a refractory stage—an explanation on anaphylaxis. Its rarity in adults and its frequency in children mean

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that most of the former have recovered from some form of tuberculosis, thus acquiring an immunity. Occurrence in adults means perhaps loss of such immunity. (4) *Expression of vagus irritability* produced by some toxic agent resulting from excess of carbohydrates in diet, for best and quickest therapeutic result is obtained by carbohydrate-free diet and the topical and internal use of atropine This is well illustrated by the pathetic replies of two children to the question what they would like to eat as a luxurious diet; one replied a lot of bread with some real butter and a very large piece of cheese. The other wanted a steak and kidney pudding and a pint of stout. (5) *Naso-pharyngeal Sepsis*, since disease clears up on removal of tonsils if diseased. (6) Close relation to *eczema* in the vicinity of the angle of mouth, nose or eye itself. (7) Due in many cases to exanthemata. (8) Chronic low grade *ethmoiditis*, *i.e.*, obstruction to drainage. (9) Often due to *pediculi capitis* (10) Errors of refraction very often an underlying cause.

The endogenous toxæmic nature may have a foundation in cases like (1) a boy of 15, phlyctenular since 10. Tonsils and adenoids removed, antrum drained, phlyctenules disappeared. (2) A woman, aged 25, pregnant, phlyctenules for the first time disappeared on birth of child. (3) A girl of 17. Phlyctenule appeared 3 days before period. Instances of these kinds are many and known to all Though phlyctenule by its seasonal preference, by the age incidence between 10 and 25, by the greater prevalence in hospital seeking class differs from tubercle which has no special season for onset, no respect for age or status and though every ophthalmologist has noticed the comparative rarity of tuberculous lesions of the eye in T. P. and in serious surgical tuberculosis and the reverse of the almost certain absence of busy symptoms in phlyctenular patients (leaving out the constant presence of running of the nose), yet if cases of ocular tuberculosis are followed up, other manifestations are seen to crop up in after years, and if the family history of the phlyctenular patient is carefully gone through there will always be a history of tubercle.

The symptoms, photophobia frequently intense, blepharospasm not commensurate with the corneal involvement and profuse lachrymation are characteristic of this affection with also a great tendency for the disease to relapse.

In the treatment of this condition, maintainance of general health and antitubercular therapy has always been appealing to me and the results of treatment on the basis of the affection being possibly a tubercular one though the primary focus may be relatively inactive or difficult to find, have always been encouraging. I need not enumerate the general lines of treatment which depend on the aetiological findings. Withdrawal of sugar, acids, tea and coffee, sterilisation of intestinal tract by absorbing doses of calomel continued for many days, fresh air, sea-baths if possible and nourishing diet. An interesting case of mine about 14 years ago was a girl of 17 with perilimbal phlyctenules. The most obstinate symptom was photophobia and tears in torrents. She could never come out of the dark room. Treatment for a week was of no avail. On the 8th day I removed a set of enlarged cervical glands which changed the clinical picture at once. In the evening she was quite happy and for the first time I could inspect the condition of the cornea with ease. Children will be brought to you with the history of not having opened the eye for days and weeks, cured easily by suffocation or drowning short of killing. The same effect can be produced by fright, by taking hold of the legs and swinging

them round few times. The result will be miraculous. Dr. P. Rama Rao will be able to tell us about treatment by artificial light with mercury vapour quartz lamp which is rich in ultra-violet rays. The principle is, rays of short wave length have a profoundly beneficial effect on the growth and maintainance of human body. Lupus, psoriasis, bone tuberculosis, rickets, diseases admittedly more prevalent in people of strumous diathesis living in bad surroundings where sun and food containing adequate vitamine are scarce, having shown gratifying results by treatment with artificial light, intractable phlyctenular conditions with a similar aetiology are decidedly better by exposure to mercury vapour lamp. Patients are stripped and exposed to rays back and front, ten minutes daily for the first few days and gradually an hour a day. Eyes, of course, are protected by wearing London smoked glasses. Room is suitably heated. It goes without saying general treatment and cod liver oil go a long way.

Collosal calcium give good results if tried. The exposure of the cervical glands to X Rays in cases that refuse removal has a great curative effect in phlyctenulosis. Tonsils and adenoids have to be removed. If we remember that the Vth nerve is responsible for the sensation of cornea, conjunctiva and posterior nares, the presence of adenoids is certainly reflexly responsible for the intense photophobia and lachrymation. Hence the importance also of a careful examination of throat.

Interstitial Keratitis.—This, unlike the former, is a disease of the middle and deeper layers of the substantia propria starting in the centre or at the periphery later extending to the centre. When the leucocytic infiltration is complete, cornea has the appearance of ground glass obscuring this altogether. Regression of the infiltration always begins at the limbus, and therefore the cloudiness at the centre of the cornea is the last to disappear. The vascular form is the salmon patch formed by the advancement of the capillaries from the sclero-corneal junction into the deeper layers of the corneal tissues. The vessels are parallel or slightly divergent. They appear to terminate abruptly at the sclero-corneal junction and towards the corneal centre they are connected by a short arch so as to form a loop. Unlike ulcer of the cornea, the vascularity is the progressive stage of interstitial keratitis. In ulcer, the later regressive healing stage is marked by vascularity. A distinctive feature of interstitial keratitis is that ulceration never occurs. The cornea may show a positive fluorescin reaction and it is dull. The deep scleral vessels being involved, there is always uveitis. Both eyes are usually involved with interval between, the duration of the disease extending over years. Hereditary interstitial keratitis is more vascular, more often bilateral and more often associated with uveitis than acquired interstitial keratitis.

Twenty years ago, one used to encounter cases of interstitial keratitis very often, and our hopes of preventing a great deal of the inherited disease after the discovery of 606, have been to a great degree realised and in a few generations, interstitial keratitis will become a rare and interesting disease. One wonders if malaria has contributed to diminish the frequency of this condition though there are no brilliant results to report of cures after malarial inoculation in congenital syphilis.

Besides congenital 90% and acquired 3⅓% syphilis as important aetiological factors, there are various other causes contributing for the balance of 6⅔%. Small pox, influenza, parotitis, glomerular nephritis, meningococcæmia, epidemic encephalitis, malaria,

dental and buccal infections contribute to a certain degree. Leprosy is well known to cause parenchmatous keratitis. The influence of tubercle in producing typical interstitial keratitis may be disputable though the possibility of a mixed infection should be borne in mind in the case of children suffering from various forms of relapsing keratitis. When one finds a severe inflammation of cornea, iris or choroid, and when clinical and laboratory methods of investigation are persistently negative, it seems prudent to make a blood culture also. I have read of a case of a man of 60 with interstitial keratitis. No sign of tubercle or syphilis. Completely rebellious to treatment for 2 months. At the end of 2 months boils appeared on the left cheek and ear.. Blood culture showed staphylococcus aureus. Staphyloyatren cured both. There was an army colonel with interstitial keratitis. He had a septic gunshot wound of the metatarsal bones and secondary abscesses in various parts of the body. This interstitial keratitis was probably septic. In trypanosomiasis, interstitial keratitis is said to be an important physical sign of the disease. Sometimes the disease starts in so short a period after a *trauma* that it is leaves no doubt as to the relation between the onset of the disease and the injury. Of course, Wassermann must be negative. Pregnancy and lactation may account for the greater prevalence of interstitial keratitis in females. Interstitial keratitis following dysentery may be of a septic variety. Motoring with the windscreens kept horizontal causes direct exposure of cornea to cold with consequent reduction of T_o. and lowering of resistance may produce a cyclitis with K. P. If an eye were on the brink of glaucoma such an exposure might determine its onset.

It is interesting to treat interstitial keratitis as a hypothyroidism as sometimes cases yield quickly to thyroid. Of course we all know 'when in doubt give thyroid ? The question of interstitial keratitis being an anaphylactic condition caused by previous action of toxins may be worthy of note. Why can it not be toxic ? I have already stated that there is very often an interval between the outbreak in the two eyes. The effect of an accident in determining the attack is another anomaly which the theory does not account for. And lastly it has been shown that the cornea of a syphilitic foetus is full of spirochetæ, but yet the disease is rare in infancy. That anaphylaxis is the probable genesis of the affection is shown by experiments. If some horse or ox serum is injected between the corneal lamella of a rabbit, after 12 days cornea gets cloudy and interstitial keratitis develops. If now the experiment is made on the second eye of the rabbit, it appears in a few hours. The same is true if the serum has been injected first subcutaneously too, showing that the injection of a foreign serum gives rise to an anaphylactic state which makes the cornea more sensitive to an injection of the same serum. In the case of syphilis the cornea is sensitised by the spirochaetes which are present in foetal circulation. Later in life, an accident or other circumstance may mobilise a new strain of spirochetae which now liberate ferments and cause changes in the blood serum producing bodies similar to those antigens which have previously sensitised the cornea. Then the inflamation develops.

Mental Hygiene and Child Guidance.

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The happiness and efficiency of a community depend on its physical and mental health and attainments. The old saying " Prevention is better than

cure "—is as true to-day as ever it was and applies to physical as well as mental health. Thanks to the efforts of the pioneers of health education, knowledge about physical hygiene and sanitation is becoming popular amongst the public but interest in mental health is yet new. It is the privilege of the preventive medical profession to place before the public, factors for the causation of various diseases and with their kind co-operation, try to diminish the prevalence of preventible diseases. Of course, we are aware of the limitations of knowledge regarding such causative fators in spite of the ardent work of scientists in various branches but knowledge so far gained may be taken advantage of for our benefit.

The subject I have chosen is "Mental Hygiene and Child Guidance". You have heard of preventive measures against infectious diseases like malaria, tuberculosis, cholera, dysentery and so on. That there are methods for preventing the breakdown of mental health may be a novel idea. There is a lot of ignorance and prejudice regarding mental sickness. Even to-day there are many who believe that it is brought on by the influence of evil spirits. Some believe it is a disgrace to suffer from mental ill-health, and people refer to these patients with such insulting terms as "Lunatics," "Insane" and so on. All mental sickness is thought to come under one category, neither preventible nor curable, being mostly hereditary. The breakdown is thought to come on suddenly without warning symptoms. Even doubt arises in some whether there is any wide prevalence of mental sickness at all.

If we consider that only the most seriously sick as representing mental patients in our community, then we may say the obviously mentally deranged, who become a nuisance to the society, form a small part. There are many interesting facts that deserve your kind consideration. We have not amidst us only two classes of people, *viz.*, the mentally healthy and mentally sick. Apart from the extreme products of mental ill-health, there is a large number of people, who would come in the border line and who cannot enjoy the benefits of life. They complain of "Nervousness", "Nervous breakdown", "Exhaustion" and so on without any physical basis. They are tired, irritable, over-sensitive, burst out into a temper or into tears on slight provocation, they misinterpret and misunderstand, complain of lack of sympathy, attention or affection. They groan with aches and pains or show over-anxiety, fear, depression or doubts. One such person in a family will make its life miserable. Are these not mental patients? Does not the remedy lie in going into the root cause and find out the emotional background? There are again people who have no control aver their instincts or are emotionally unbalanced. Some of them turn out to become delinquent and criminal by their anti-social conduct. Are these not again mentally sick, requiring the assistance of a specialist for adjusting them in society? Again, are there not young people who are intellectually handicapped, and cannot get on in ordinary schools but require special training? Even otherwise, are there not maladjusted children at home and school with behaviour problems requiring a specialist's investigation? Don't we have amongst us people with unwholesome personality traits such as being quarrelsome, aggressive, always fault finding, unsteady in their jobs and so on, who get maladjusted wherever they are put? Are there not many who have taken to drink and other drug habits? Have they not a mental basis for their addiction? Mental breakdown being a gradual and slow process, are there not people with early symptoms who, if recognised and treated promptly, may be saved

from severe suffering? There is thus no dearth of the mentally sick if only they are recognised as such. Moreover the results of treatment of mental disorders are unsatisfactory when in an advanced stage. Hence preventive measures and recognition and treatment at an early stage become all the more necessary. Thus the mental hygiene movement came into existence in various countries. Its objects are to improve the treatment given to the mentally sick in better types of institutions, to investigate the causes, lines of preventive measures for the reduction of mental disorder, defect and delinquency, to give special training and supervision for the feeble minded and to disseminate reliable information regarding mental hygiene matters amongst the public.

Mental hygiene is the study, understanding and preventive medicine of the emotional, intellectual and social life of an individual. It utilises the knowledge and values derived from the study of the basic sciences as well as from normal and abnormal Psychology, Sociology and Sexology It teaches us to recognise mental inadequacies of various types, whether it be mere defect, due to intoxications, constitutional diseases or incapacity of the human organism for the adjustment with proper reactions. By its aid, a maladjusted person who cannot get on with other people and one with problems of behaviour are recognised as sick individuals, requiring specialised treatment; poor mental health being associated with social problems as delinquency, dependency, vagrancy, domestic difficulties and so on. It serves to conserve the mental health of a community by preventing mental breakdown and aiding for the highest development of talent and happiness, by its steady influence from the cradle to the grave, by keeping away injurious influences, both bodily and mentally. From eugenic point of view, it helps to prevent the propagation of the species by mentally defective and disordered individuals, so that unfortunate mental hereditary tendencies may be prevented in the progeny. It makes an individual function to the best advantage in all phases of life, and make the best of his resources, internal and external, to make his life healthy, contented, efficient and useful to himself and society. In improves the social conscience as well, so that he learns to be sympathetic and kind to his fellow beings, to respect the feelings of others, to be considerate in his dealings, so that the human relationship may be of the most cordial type. Under its ideals, the home is made a happy and peaceful place, each member feeling it his duty to contribute his share in making the others happy; the place of work, quite a welcome spot, where the individual feels efficient and cheerful at his work, evincing greater zeal and interest, and satisfactory adjustment in his social, recreational and spiritual outlets and ambitions, is aimed at, so that he derives full pleasure from his life. He gets happiness and satisfaction by self expression and self control. In fact, the quality of the life lived, is improved in all aspects.

Mental hygiene has thus two aspects, *viz.*, as an organised social movement for the benefit of the mentally sick and as an art in the application of knowledge from basic sciences to the maintenance of individual mental health.

At this stage, it may be interesting to note the progress of the Mental Hygiene movement, in the United States of America, where it is in full swing. It was started there under peculiar circumstance. Over 25 years ago, one Mr. Clifford Beers, became mentally ill and was admitted into a mental hospital. After he was better and was discharged, he exposed all the

irregularities and cruel treatment given to the patients, in a book called "A mind that found itself". He did not stop at that. He approached proper people to help him, to start a society of mental hygiene. He was successful in his effort. The National Committee for Mental Hygiene came into existence in 1909 and is doing excellent work. What has been the outcome? Mental Hospitals are no longer places of custody only. They are like any other hospital, well equipped and staffed, with facilities for complete investigation and treatment. After their discharge, through the services of paid and trained social workers, adjustment of such patients in the community is ensured. Special hospitals and wards and out-patient departments are opened in general hospitals for treating early mental cases. They are accorded as much sympathy and understanding as other patients. Clinics are opened for training children in proper habits and good personality traits. Specialists examine children who have become wayward, unruly and delinquent and are referred to for advice by parents, school authorities, social workers and juvenile courts. They are helped to get settled down with the aid of trained social workers and probation officers. Mental defect of various grades is recognised by systematic examination and suitable vocational and habit training in special schools is made available so that the children become useful to themselves and the society. Clinics are also introduced into criminal courts and prison to investigate individual criminals so that the causes for their anti-social conduct may be ascertained, proper classification made and suitable re-habilitating methods adopted. Propaganda in mental hygiene, by means of lectures to parents, teachers, social workers and so on, is systematically undertaken so that the number of the maladjusted, the unhappy, the dependent, the inefficient, the delinquent and the mentally sick may be reduced.

An International Congress of Mental Hygiene was held in May last in Washington and over 50 nations including India took part to make it a success. An international committee was also formed to make the Mental Hygiene movement, world wide active.

For the success of mental hygiene, completeand wholehearted co-operation is essential on the part of the patients, their relatives, teachers, family physicians, social workers and employers, with the professional men, in their attempt to stabilise the partients. Such co operation can be spontaneous and sustained if only the parties concerned, are convinced of the utility of the methods employed. Belief and conviction can come only from proper understanding of the motivation of human behaviour by gradual education.

At this stage, we might ask, what is mental ill-health? Is it not when the instincts and emotions are uncontrolled when fantasy fills up the mind in place of the reality of daily life and its problems, when family and social obligations are ignored and habit and intellectual deterioration takes place and unwholesome and unacceptable reactions occur, so that the individual becomes maladjusted in the family, place of work and society at large?

Just as an individual grows up in body, he must also grow up in his mental aspects. It is not mere training and development of the intellectual capacity that will make a man happy and satisfactorily adjusted. The emotions play a very important part. Emotional outbursts exhaust our mental energy and make us bankrupts. Hence the guidence of the emotional life of a child as well as training in the control and regulation of the instinctive impulses form as essential a programme in early life as the educational training in schools. With this

object, child guidance movement has been started.

Let us now try to understand the importance of child guidance as a potent measure in the conservation of mental health and development of wholesome personality traits and attitudes towards the environment. The health, happiness and efficiency of the adult man and woman, depend to a large extent, on the type of habits they acquire from their training and experience during early life. Habit, as you know, is a tendency to repeat what has been done before. One gets not only habits of acting but also habits of thinking and feeling in certain ways. We are all familiar with habits in regard to the care of the body, such as eating, sleeping, eliminating, bathing and so on, vitally affecting health. Our manners are a collection of habits. We do a rude or a courteous thing almost without stopping to think These are not inherited. When once they are formed, it is difficult to break. Hence it is necessary that such habits aregood and desirable. The best period for their formation is the early years life. The child is suggestible, his mind is plastic, and he imitates the words, actions and attitudes of the older people around him. This makes it of the greatest importance that the older people furnish him the right kind of models they want him to copy. Moreover the child is anxious to please and win the approbation of his parents, teachersand so on, for his desirable acts.

The child has a physical as well as mental endowment. All these inborn equipments have to be trained, devoloped, guided or controlled, for him to grow up a useful member of society. This education started first at home may take many years for its completion. There are certain inborn qualities which probably cannot be much modified, for instance, stature, colour of skin, features, intelligence and so on. But there are lots of qualities as the personality traits like cowardice, shyness, jealousy, stealing, cruelty and so on that are not in herited but are acquired through experience by contact with the outer world. There is no use in accepting the hopeless fatalistic attitude of heredity.

In order to understand a child he must be considered as a whole individual, with a mental life as well as his physical one with instincts and emotions. He has an inherent hunger for self expression that is constantly infringing upon a code of laws and customs of which he has no understanding. He has his plans, hopes and ambitions; he has doubts, fears and misgivings; he has joys and sorrows. His emotional life is thwarted and gratified as in an adult.. With all these instinctive and emotional drives, there is necessarly lacking that stabilizing factor called experience. Hence he is in need of guidance. The home becomes the workshop in which the character and personality are being moulded by the formation of habits into the person he will be in adult life. We must prevent abnormal reaction and behaviour in early life and teach him sound mental habits, to obey the conventions, restrictions, standards and demands of society to become successful and happy, to save from pitfalls and develop trust in his own judgment and powers, so that he may grapple with realities of life. He should learn the control and regulation of the instinctive and emotional drives, to evaluate the external situation and express the right quality and quantity of the emotions and to develop self descipline and social efficiency, the goal of all guidance.

The parents have a responsible task. It is not mere loving, protecting or providing with material wants but also training him in his emotional reactions to the environment and finding out his

needs, interests, drives, mental abilities and disabilities, why he fails in some things and succeeds in others, why he behaves in a queer way and so on. We want enthusiastic, understanding, broadminded and tolerant parents. The home must have a calm atmosphere, the elders should control their emotions and not show to the child their temper, anxiety, fear, impatience, sorrow and worries. An over solicitous mother, a bossy and despotic father, tired, worried, vain, ambitious, lazy or ignorant parents are poor trainers from mental hygiene point of view. Wholesome personality, qualities and emotional balance would be the right mental atmosphere for the growing child, as also good family inter-relationship and impartiality between children. Child guidance to be effective, must include parent guidance. Parenthood to be a success, requires, training as any other profession.

In this connection, a word may be said regarding the part played by the teachers. The work started in the home in this task of helping the young, must be carried on by the teachers at school. There should be a sympathetic and encouraging treatment by them and if possible, individual attention should be paid, to understand the special abilities and disabilities and emotional reactions. Teachers and parents should have mutual understanding and co-operation in making the scholastic life profitable and enjoyable, giving scope for the full development of children, in whatever field they may show talent. They should, however, allot work according to mental capacity and thus help in making them feel fit and confident and put forth their best in later life, for the benefit of themselves and the world.

Before I close, let me summarise the methods of child guidance. A good physical development being essential for proper mental health, measures for building up physical health are essential like good nutritious food as fresh milk, eggs, fruits and so on, plenty of fresh air, sun-light, adequate sleep, rest and play, good habits in elimination, cleanliness, breathing, bathing, dressing and so on as also is training in walking, speaking and development of motor co-ordination. Let him devolop pride in his personal appearance and posture. Attention and concentration can be taught by keeping him occupied with things he is interested in, by giving praise and encouragement and urging for finishing any work begun. Let him show wide interest outside himself, in nature and objects of the external world, in hobbies like drawing, modelling, construction and so on. Allow him to develop initiative, independence and individuality. Let him try and fail and be prepared to face disappointment. Give opportunity for experience of varied type, as it is the food for knowledge and wisdom. Satisfy his questions of curiosity, including sex, by simple explanation. Let him learn to face difficulties, gain mastery over them and thus make him fit to face the world and the realities of life. Teach him responsibilities, self-reliance, endurance, self-confidence and self-respect as well as his obligations to his playmates and other members of the family and reciprocal duties the individual and society. Let him understand property rights, honesty, economy and truthfulness. Make him learn obedience and respect for authority. Let discipline and punishment be consistent just and prompt. Let him be taught good social traits as kindness, sympathy co-operative spirit and adjusment, to group life, sociability, consideration for others modesty, courtesy and good-manners so that he knows how to make others happy. He should realise what effect his actions and words have on others. Any work allotted to him must be done

cheerfully without emotional exhibition. He must be trained in the control of his impulses and emotional outbursts. There should be an evolution of the personality as the child grows. Instead of being selfish, self-centred, dependent and requiring attention, and uncontrolled in instincts and emotions he must become independent, self reliant, unselfish and considerate to become later, with the necessary intellectual and professional training, a contented member, happy and helpful to his family, efficient and cheerful at his job and useful and respected in the society at large. Let us not however forget that a child is a human entity with feelings, who requires considerate and sympathetic understanding and wise guidance at the hands of the elders and not a domineering, indifferent or erratic treatment. If children do not get on well, it is time that the elders directed their thoughts to themselves to analyse their own lives and find out what is wrong with themselves and their methods, instead of blaming the youngsters for every thing. These are a few of the "Dont's" that are useful in child guidance.

1. Don't tease or nag about little mistakes and don't be reminding of unpleasant things he has done, lest he become bored and callous.

2. Don't laugh at him so that he may not become self-conscious.

3. Don't produce any feelings of inferiority or inadequacy, so that he may not develop what is known as the inferiority complex, with no self-confidence and self-respect.

4. Don't punish or insult before others or compare unfavourably, lest his feelings be too much wounded.

5. Don't threaten or frighten lest he become timid and anxious.

6. Don't show too much authority and punish for anything and everything lest he become timid and worried nor stubborn and quarrelsome.

7. Don't deceive, don't lie, don't make impossible promises, so that he may not lose confidence in you.

8. Don't neglect bad habits like thumb sucking, nail biting, handling of genitals, rhythmical movements and so on.

9. Don't make life unbearable with too many difficulties nor make it too easy by over tenderness without giving chance for fighting against stress of life, lest he retreat from reality and indulge in too much fantisy.

10. Don't put him in an environment of too much temptation, lest he fall a victim.

Children trained and guided, have better chances to make satisfactory adjustments to the varied demands of every-day life. They are prepared as much to face the vigour of life fairly and squarely, as to enjoy its pleasurable aspects. They are thus saved from the shirking, retreating and irresponsible attitudes and unhappy consequences of mishandled instincts and emotions. In other words, their mental health is well safe-guarded.

I daresay many of these methods are well known to most of you, but, would it not give a little satisfaction to know that scientists who have made special study of child psychology also endorse our familiar methods as the right ones for guiding the young? More than that, have we not amidst us a large mass of ignorant and uneducated people who require our help? Being enlightened, let us try to do our bit in making the future generation contented and efficient and grow with a spirit of service and self-sacrifice, and a mind at peace with itself to become an asset to the community, with satisfactory adjustment. Let me once more plead for the importance of mental hygiene for our health, and happiness and let us all try to put the mental hygiene point of view in our daily dealings and make life worth living to ourselves and our brethren.